



801 – 228th Avenue SE • Sammamish, WA 98075 • Phone: 425-295-0500 • Fax: 425-295-0600 • web: www.ci.sammamish.wa.us

Refund Request

I, _____ hereby request a refund.

TYPE OF PAYMENT

	Check	Amount	Payment Date	Check #	Receipt #
	Credit Card	Amount	Payment Date	Approval Code #	Receipt #
	Cash	Amount	Payment Date		Receipt #

****Attach copy of receipt if possible****

PROPERTY INFORMATION (if applicable)

Property Address:	
City/State: Sammamish, WA	Zip:
Parcel No:#	

APPLICANT

Name:	Phone/Fax:
Mailing Address:	City/State/Zip:
Email:	Cell:

REASON FOR REQUEST (include contract # or permit #)

I understand the refund will be issued to the applicant of record that paid the fees in question.
Please allow 3 weeks for processing.

Signature: _____ Dated: _____

FOR OFFICE USE ONLY

AUTHORIZED BY: _____ AUTHORIZATION DATE: _____
REFUND AMOUNT: _____